**Transcript Details**
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/dermconsult/psoriasis-and-ibd-unveiling-the-connection-for-improved-outcomes/24124/

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Psoriasis and IBD: Unveiling the Connection for Improved Outcomes

**Announcer:**

You're listening to *DermConsult* on ReachMD. On this episode, we'll discuss the link between IBD and psoriasis and how this can affect our management approach with Dr. Andres Yarur, who's an Associate Professor of Medicine at Cedars Sinai Medical Center in Los Angeles, California, and the 2023 Sherman Emerging Leader Prize Recipient. Let's hear from him now.

**Dr. Yarur:**

Very commonly we see patients with an overlap of two or more immune-mediated conditions. There are several drugs that have been found to be efficacious in both Crohn's disease and ulcerative colitis but at the same time in psoriasis, so when we have an overlap and we see patients with both conditions, it's important to tailor therapy. And there are therapies such as anti-TNFs, anti-interleukin-12/23s, and anti-interleukin-23s selected that can treat both, so in that scenario, for example, we can work with our colleagues—the dermatologists—and find a drug that can help both conditions.

And on the other hand, it's also important to screen for these conditions and do a good physical exam in the clinic. Every patient with IBD should be seeing a dermatologist at least once a year because they do have an increased risk of melanoma independently of therapy. Some therapies increase the risk of non-melanotic skin cancer, so it's very important to educate the patient on self-screening for lesions and even things as simple as looking at moles.

On the other hand, many of the drugs that we use for ulcerative colitis and Crohn's disease can have adverse events, and one of them is a psoriasis-like reaction. So it looks very similar to psoriasis, and it's important to differentiate if this is really primary psoriasis or is induced by these therapies, particularly anti-TNFs, such as infliximab or adalimumab.

Overall, we should work as a team with our other specialists. It's important to keep a good communication. What we usually tell patients is that this is teamwork, and part of that team is them. One of the most important members of the team is the patient. I do think that there may be a higher risk of other immune diseases in patients with IBD, and we do need to be aware of that.

In the clinic, even something as simple as asking, "Do you have back pain? Do you have joint pain? Have you noticed any rashes?" and also, educate. Like the first time we meet in the clinic say, "Listen, you may see other manifestations such as joint pain," which is actually the most common one, but also other skin diseases that may arise and they are associated with inflammatory bowel disease—not only psoriasis but also other conditions, such as pyoderma gangrenosum and erythema nodosum. And there are other manifestations, such as eye issues—uveitis, for example. And again, I think that we need to look at this as a holistic approach and not just focus on the gut.

**Announcer:**

That was Dr. Andres Yarur talking about how we can better manage patients with both IBD and psoriasis. To access this and other episodes in our series, visit *DermConsult* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!


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